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BOROUGH OF LEWES

Annual Report
of the
Medical Officer of Health
for the

Year Ended 31st December, 1955

by

G. M. D. S. B. LOBBAN, M.B., Ch.B.,
D.P.H., Fellow R.S.I., Fellow R.I.P.H.,
Fellow S.M.O.H.

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Charles Clarke (Haywards Heath) Ltd

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PUBLIC HEALTH DEPARTMENT,
LEWES HOUSE,
LEWES.

October, 1956

To the Mayor, the Chairman of the Health Committee, the Aldermen and Members of the Lewes Borough Council.

MR. MAYOR, MR. CHAIRMAN, LADIES AND GENTLEMEN,

The estimated population of Lewes for the year 1955 was 13,240, and in the quarter century 1931 to 1955 this was the next to the highest estimated population recorded. The highest was 13,290 in 1941. Estimated populations are made for mid-year of successive intercensal years. As vital statistics, such as birth and death rates and other rates, all based upon population, are necessary at relatively short intervals of time and certainly at annual intervals to assess the state of health of a particular area, it is obligatory to have a count of the area's population or a closely approximate estimate, if a count is not available, to calculate the rates based on the population and expressed as so much per 1,000. These rates are used to compare with the corresponding rates in the area for previous years and, after suitable adjustments in the cases of birth and death rates by applying comparability factors, the resultant rates are used to compare with the corresponding rates of the country as a whole and of other areas.

The count of an area's population is yielded by the census, which used to take place every ten years. In intercensal years a closely approximate estimate of the population is made and this is called the estimated population of the area.

The census count cannot be absolutely accurate inasmuch as it is beset with difficulties and hazards both general and especially technical. People have been known to absent themselves from their area during a census count, but in spite of this the approximation is very close. Details such as exact ages and occupation are less good. An estimated population is usually not very far short of or above the population if it had been taken by count.

When one considers that every area population is continually changing, and is in fact in a state of flux, by reason of being added to by births and immigrations and subtracted from by deaths and emigrations, a very close approximation as obtained by count is satisfactory for all practical purposes. In fact, the figure produced is the only one which it is humanly possible to arrive at. Estimated populations are so near those which would have been obtained by count that they too are as satisfactory for all practical purposes as can be. In 1952, '53, '54 and '55 the estimated populations of the Borough were 13,030, 13,120, 13,180 and 13,240 respectively. It can be easily remembered that the population of the town is slightly above 13,000. There does not seem to be much prospect of a great increase in the population in future years. According to the 1951 Census Report the population of Lewes in 1921 was 10,946 and this was increased slightly to 10,993 in 1931. A much greater increase amounting to 2,113 occurred in the period 1931 to 1951 as in the latter year the census figure was 13,106. This figure 2,113 represents a total increase of 19.2 per cent. over the 1931 population. Of the 19.2 per cent. 3 per cent. was due to the excess of births over deaths and 16.2 per cent. was chiefly due to alteration of the area in the 1931-1951 intercensal period whereby more persons were added as a result of the alteration. The balance between immigration into and emigration from Lewes affected the increase to a much lesser degree. Other interesting facts revealed by the 1951 Census were that in that year 7.9% of the population of Lewes was in the 0 to 4 years group; 13.5% was aged 5 to 14 years; 40.3% came within the 15 to 44 years group; 25.1% represented the 45 to 64 years group and 13.2% included those of 65 years and over. Putting matters more simply, 21.4% was composed of those aged 0 to 14 years (the immatures); 65.4% was composed of those aged 15 years to 64 years (the matures) and the 13.2% represents the senescents. The matures must carry the load of dependency composed of the immatures and the senescents. So far the load of dependency is comparatively light as with a decreasing birth rate in recent years there are fewer children, although this is offset by a greater saving of children's lives than before, as witness the recent low infantile mortality rates recorded as each year has progressed. Up to the present the decrease in the proportion of immatures has outstripped the growing proportion of the senescents, although the percentage of the former exceeds the percentage of the latter. There has been a progressive reduction in the number of young dependents due to a decreasing birth rate. This reduction will be checked in the future by a still further rise in the proportion of senescents. The total load of young and old dependents will thus become increased. Improvements in medicine are expected to increase the numbers passing into the senescent group of those aged 65 years and over. Thus a decline in the size of population will for a time be averted, but achieved only at a cost of weighting the population heavily in the higher ages. The problem of the care of the aged which has not so far reached an oppressive magnitude, will increase as the years go on and become a matter of considerable size and importance.

Due to the shortage of building land in the Borough it would appear that any considerable rise in the adult and marriageable or married population would have to be catered for by the provision of flats. The crude birth rate for Lewes for the year under review was 12.46 per 1,000 population which was the lowest birth rate for the Borough since 1950. Nevertheless, the crude birth rate is higher than the death rate for 1955. On applying the comparability factor to the crude birth rate this results in a comparable birth rate of 13.71 as against 15.2 for England and Wales for 1955.

The crude death rate for the town for 1955 was 11.25 per 1,000 population. This rate adjusted by applying the comparability factor results in a death rate of 9.56 as compared with 11.7 which was the death rate for England and Wales for the same year.

The average age at death of Lewes residents in 1955 was 70.72 years. Apart from the very rare times in Lewes when there has been a widespread epidemic in the past, such as of influenza, the death rate in the town is usually highest in January, February and December (winter), the next highest in spring, March, April and May, the next in June, October and November and the lowest in July, August and September (summer).

For many years now the average age at death of Lewes residents has been high, and was 70.72 years for 1955. In the last five years it was 70.24. The death rate for infancy as revealed by the Infantile Mortality Rate was low. For the year under review it was 18.18 per 1,000 births, or about three-quarters of the rate for England and Wales, which was 24.9 for the same year. At the other end of the scale the death rate of the elderly, as usual in recent years, was high, hence the high average age at death. The general death rate for Lewes has usually been below that of the country as a whole and for 1955 the

Lewes rate of 9.56 compares favourably with that of England and Wales, which was 11.7. The death rate and the average age at death can be employed as yard sticks for the measurement of an area's healthiness and in the case of Lewes these show up the town to advantage.

The Maternal Mortality Rate or the proportion of the number of Lewes mothers who died in, or in consequence of, childbirth, per 1,000 live and still births for the year 1955 was nil. The last death of a Lewes mother occurred in 1945 and that was a single maternal death during the whole of that year. During the last ten years there have been no deaths of Lewes mothers and thus the maternal mortality rate for the Borough remained nil during the last decade. Most of the maternal deaths in the past were due to puerperal sepsis or infection of the mother. Puerperal sepsis has been vanquished by the use of sulpha drugs and penicillin. Other causes of maternal mortality, such as eclampsia, operative shock, haemorrhages, toxaemias and embolism have been eliminated, avoided or adequately treated so as to cause no serious harm to the mother and child. Intercurrent disease in the mother, such as pulmonary tuberculosis, grave heart disease and the like have been coped with so that the mother was safely tided over childbirth. The record of no maternal deaths amongst Lewes mothers for the last ten years is a tribute to the doctors and nurses under whose care the mothers were during the ante-natal period, during childbirth and after. Besides the use of sulpha drugs and antibiotics a high standard of medical and nursing skill was used to obtain such a magnificent result as the complete absence of maternal mortality for such a long and continued period.

The causes of death amongst the general population of the Borough in 1955 were as in former years led by heart disease in one form or another. There were 52 deaths due to this cause, and this number is about one third of the total deaths which amounted to 149. In some cases heart disease has been accelerated by over-eating. There is also reason to think that coronary thrombosis is associated with an excess intake of fats. This latter disease has become more common in recent years. There are other factors held to be contributory causes, such as sustained worry, excess emotion, and living at a more increased tempo than was the case twenty-five or so years ago. If one cannot eliminate worrying as a habit, control emotion or live at a rational pace one can at least eat less as one gets older and as middle-age approaches eat the minimum of or avoid fat altogether.

Twenty-six deaths were due to vascular lesions of the nervous system. These include cerebral haemorrhage, embolism and thrombosis and other vascular lesions affecting the central nervous system. A large proportion of these causes comes under the commonly known term of " a stroke."

Seventeen deaths were due to cancer, and this cause of mortality is third on the list so far as the number of deaths are concerned. It is usually second or third on the list of the killing diseases year after year. In the last twenty-five years deaths from cancer have been increasing. As cancer attacks those past middle age, particularly the elderly, more frequently than younger persons, as longevity extends so the population at risk grows with it. The expectation of life from birth has increased about twenty years since the start of this century, and it has gone on increasing in recent years at a comparatively higher rate than was the case fifty years ago. As a result there is a greater number of the elderly who are more prone to cancer. Cancer is due to an overgrowth of existing cells. These cells, unlike the others in the body, are not inhibited or limited as to their increase, and they multiply out of proportion to their biologically useful limit. What the real cause or causes of this is have not so far been discovered. A lot can be done for a patient in the early stages of cancer. Radical treatment ensures a complete cure in many cases, but where the patient consulted the doctor too late the treatment can only be palliative to relieve unpleasant symptoms.

There are no positive means of preventing cancer insofar as abolishing or avoiding the causes, as these causes have not been definitely established, though experience and observation suggest that any source of constant irritation to any part of the body should be removed or avoided. The following considerations should have serious attention. All the skin should be kept clean, as should the mouth, tongue and throat. The bowels should be kept so that they function regularly by judicious dieting or exercise. The regular use of salads with raw vegetables as shredded carrots, turnips, young cabbage leaves and tomatoes is particularly effective in many cases of constipation. Salads afford roughage and cause the muscles of the intestinal tract to work to expel the bowel content. These muscles become slack and lazy in cases of constipation, and need toning up by judicious dieting where roughage is afforded. Regular exercise is helpful in banishing constipation. Walking, games as golf and bowls, a moderate degree of bending in gardening or any other form of exercise which is not excessive or too strenuous are recommended. Fifty per cent. of all fatal growths occur in the alimentary tract. No scientific evidence exists to blame any particular articles of food or drink in the causation of cancer, but it would seem discreet to avoid the regular use of highly spiced and stimulating foods and any item which causes indigestion. Over indulgence of alcohol should be avoided.

Excessive use of tobacco and atmospheric pollution have been blamed for the increase of cancer of the lung. There appears to be a relationship between excessive cigarette smoking and cancer of the lung. In 1949 throughout the country the mortality from cancer of the lung in males was greater than that from pulmonary tuberculosis and in 1954 was three times greater. Cancer of the lung affects men six times as commonly as it does women. It is commonest between the ages of forty and seventy years, although those below forty years may be affected. It has been shown that city dwellers have a nine times greater chance of developing the disease than those who live in the country. This is thought to be due to atmosphere pollution in cities. Experimental work designed to produce cancer of the lungs in animals by inhalation of cigarette fumes has proved disappointing. It would appear that manufacturers should try to eliminate from cigarettes the substance supposed to cause cancer if that is at all possible. However, there is nothing absolutely proved that excessive cigarette smoking does cause lung cancer. The six classical signs of lung cancer are cough, sputum, haemoptysis, shortness of breath and loss of weight. It must be emphasised that a person may be quite free of symptoms in the early stages of the disease, and this is the most suitable time to undertake treatment. Cough is the commonest symptom, and may be no more than a tickle in the throat. It may be more severe and there may be a noticeable change in the character of a habitual smoker's cough. Increased sputum may be absent or there may be a large amount of expectoration, purulent if there is an abscess in the lung. All variations may occur between these two extremes. Haemoptysis, or the spitting of blood, is a fairly common symptom, and a fortunate one, as the patient will usually be alarmed by the blood and consult a doctor at an early stage of the disease when most can be done to remedy matters. Pain may be a dull ache, often thought by the patient to be rheumatism, or it may be sharp and severe. Shortness of breath and loss of weight occur in the later stages of the disease when the cancer is well established.

Apart from cancer of the lung the commonest symptoms of cancer are any sore that does not heal; any irregular bleeding or discharge from a body opening; any lump or hardening of the breast; any considerable loss of weight or marked change in the bowel habit. These should be regarded as warning signals and medical advice should be sought. The doctor will thus be enabled to set one's mind at rest, or, where necessary, to advise as to prompt remedial measures.

A total of 217 cases of infectious diseases were notified in 1955 and of these 175 cases were of measles. This disease is epidemic every two or three years. It is almost entirely a disease of children. The spread of measles is chiefly in a direct manner by those suffering from it. Very rarely is it conveyed by a third person or by fomites such as clothing, bedding, etc. Secretions from the nose, mouth and throat are especially infectious, and the means of transmission is by way of droplets of these secretions expelled in sneezing, coughing and even talking. As the infection is transmissible during its early stages before the rash appears the first few cases can start an epidemic. It is quite impracticable to send all cases to hospital during an epidemic as there are not enough hospital beds to cope with the large numbers. Cases where domestic conditions are such that they cannot be nursed adequately at home or where there is a risk of complications developing, such as pneumonia, which is the worst and most important complication, are sent to hospital. Other complications are otitis or inflammation of and discharge from the inner ear with sometimes a following mastoid abscess and even such grave events as meningitis and abscess of the brain. Ulceration of the eyes and opacities may occur and minor complications as stomatitis and enteritis follow upon an attack of the infection. Fortunately these complications are avoided or eliminated nowadays by up-to-date treatment. The death rate, which was as high as 1.9 per cent. fifty years ago has now been reduced to practically nil. So far no really effective prophylactic measure such as vaccination has been found to afford protection against the infection and thus abolish the epidemics which occur every two or three years.

Twenty cases of whooping cough were notified during the year. As with measles, complications of whooping cough were most to be feared. The complications which were formerly of grave importance were pneumonia, otitis with a following mastoid abscess, pulmonary or general tuberculosis, meningeal haemorrhage and nephritis. Treatment by antibiotics and sulpha drugs has prevented or cured such distressing complications, but there still remains the possibility that they may occur, although their appearance is now very rare. Vaccination as a means of protection against the infection was made available in Lewes in 1954. It is too early to judge of the efficacy of the immunisation, but there are sound reasons to believe that ultimately immunisation will decrease the number of cases. There are no high death rates due to the complications of whooping cough as there were in the past. The mortality thirty years ago was between 4 and 5 per cent. Now it has been cut down to almost zero through the use of anti-biotics and sulpha drugs. Crippling defects may occur in the shape of dilated lungs, dilated bronchial tubes and dilated heart through severe and prolonged bouts of coughing, but these defects are now very few owing to improved treatment.

Six cases of poliomyelitis were notified in 1955. Five cases were of the paralytic type all affecting the lower limbs. The ages of the children infected were 1 11/12 years, 2 years, 4 years, 6 years and 10 years. One case was of the non-paralytic type in a child of 9 years who was discharged home after an uneventful recovery in hospital. One of the paralytic cases, a child of ten years whose left leg was affected was discharged after recovery in hospital. Another paralytic case, aged four years, was discharged from hospital with a slight defect in the right leg to undergo physiotherapeutic treatment whilst at home. The remaining three paralytic cases aged 1 11/12 years, 2 years and 6 years were transferred from the isolation hospital to an orthopaedic hospital at Carshalton in Surrey and made good progress.

It was once held that an important portal of entry of the virus or infecting organism causing poliomyelitis was through breathing in infected droplets of saliva through the nose, the droplets having been expelled by cases actually showing, or which later did show, symptoms of the disease and by carriers of the virus who failed to show such symptoms and who apparently remained perfectly well. It is now thought that the alimentary tract, including the mouth, stomach and the whole of the intestinal tract, seems much more likely as the portal of entry. How the virus gains access to the nervous tissue, which it destroys and thus causes paralysis, is not known. An important fact is that sufferers from the disease, and carriers of the virus who never show any symptoms, can extrude the virus in the faeces in large quantities and for some length of time—for as long as seventeen weeks. There is thus a danger in untreated and improperly treated sewage. Accidental contamination of the hands by the infected sewage would be quite likely the means of conveying the virus by food to the intestinal tract. There is no reason to suspect that insects such as flies and cockroaches are an essential and dominant element in the spread of the disease. In epidemics which have occurred in the Arctic during winter when there are no flies it seems certain that flies have played no part in the transmission of the disease.

A portal of entry through the skin is not an impossibility, as this has been demonstrated experimentally in monkeys. It therefore seems unlikely that infection enters through the nose. The alimentary tract seems more likely and infection through the skin is a possibility. Thorough washing of the hands and scrubbing of the finger nails after using the toilet, together with keeping all the skin of the body clean by reasonably frequent washing or bathing would do much to limit the spread of the disease. Over-exertion is quite likely a precipitating factor, although not a direct one in causing the disease. During an epidemic injuries ranging from moderate severity to fractures appear to have an unfavourable influence as have the extraction of tonsils and adenoids and of teeth. All these may be followed by poliomyelitis. It would be wise during epidemic times to avoid over-exertion, such as takes place in strenuous games and to postpone the surgical operations mentioned if at all possible.

Two cases of food poisoning were notified during the year. In each case it was found that it was impossible to trace the origin of infection as far as food consumed in the home was concerned, as all portions of food which might have been incriminated had been eaten. In these cases of sporadic food poisoning unless portions of the food, from which part was eaten just before the first symptoms of food poisoning occur, are left so that they can be subject to laboratory examination, it is usually found to be impossible to trace the vehicle which transmits the organisms causing the illness. Another factor which causes a difficulty in pinning down the guilty article is due to the fact that some articles of food are consumed outside the home and the patient, usually a child, forgets what he has eaten outside his own home. In moderate or large outbreaks of food poisoning it is less difficult to fix the blame on the offending article as it is often found that the article has been a common one found to have been eaten by the persons infected. Two cases of paratyphoid fever were notified in 1955. After many laboratory tests both were found to be eventually free of the infecting organism.

Only one case of scarlet fever was notified. In 1929 forty-seven cases of this infection were notified. During the last twenty years scarlet fever has decreased in its incidence and in its severity. In that time there has developed a virtual control of this disease.

No cases of diphtheria occurred during 1955. The last cases were notified in the Borough in 1949. They occurred in four children transferred from outside Lewes to a children's home in the Borough, and none had been immunised. The infection had been contracted in another area.

Only one death took place of any of the infectious diseases cases notified during 1955. This was a case of influenzal pneumonia. Previously, the last fatality due to infectious disease occurred in 1953, a case of whooping cough in an infant. Prior to that year there was a spell of five years during which no deaths were recorded ascribed to infectious disease.

During the year nine cases of pulmonary tuberculosis and three cases of non-pulmonary tuberculosis were notified. There was only one death due to the pulmonary type of the disease. No deaths were recorded as due to the non-pulmonary type.

Within the last few years remarkable strides have been made, mainly by anti-biotics, in the treatment of tuberculosis. In the five-year period 1925 to 1929, 45 deaths in Lewes were due to tuberculosis. In the five-year period 1951 to 1955 the number was reduced to 7. The dramatic fall in the death rate due chiefly to the use of anti-biotics has been aided by the detection of early cases of tuberculosis and the early treatment of them. Twenty-five years ago it was frequently stated that 80 per cent. of patients who came to doctors for diagnosis of tuberculosis could have the disease detected by a careful history of the symptoms, the finding by stethoscope of signs in the chest or the discovery of a patent lesion elsewhere in the body and by the recovery of the tuberculosis germ or bacillus in the sputum. All of these are late manifestations of the disease. To-day cases are discovered much earlier by means of radiography and different tests. The earlier they are discovered the more are the chances of cure. The old dismal medical dogma that a patient with tuberculosis had but a few months or few years to live is no longer true.

Relating to the sanitary circumstances and sanitary inspection of the Borough all dwelling houses had a direct water supply from the main with the exception of fifteen houses, which received a supply from private wells which supply was piped direct to the houses. Numerous samples of the main water supply taken throughout the year and submitted to bacteriological and chemical examinations revealed that the water was at all times of a very high standard and perfectly safe for drinking purposes. The supply was adequate. In the case of one private supply from a well bacteriological and chemical examinations revealed that the well was contaminated. There were no illnesses caused through the use of the water. The private supply has been abolished and a supply from the main has been substituted.

Drainage and sewerage of the Borough was by the water carriage system and the sewage was treated at the sewage disposal works with the exception of the sewage from fifty-four houses which have cesspools or septic tanks.

A large number of visits and inspections were made by the Sanitary Inspectors during the year, who through their constant vigilance ensured that the high standard of environmental hygiene was maintained.

All the milk supply retailed in Lewes was either Tuberculin Tested, Pasteurised or Sterilised; as such the supply was a designated one. The aim of a designated supply is to provide a safe milk free from infecting germs which may cause disease such as tuberculosis and the various infectious illnesses. No disease was traced during this year through the milk supply.

Twenty-eight samples of milk were submitted for bacteriological and biological examinations, and in all cases the results were satisfactory.

Inspections of milk dealers' premises showed that they were kept in a clean and satisfactory condition.

All samples of ice-cream submitted for laboratory examination were found to be of a high standard.

Inspections of food premises showed these to be kept and conducted in a satisfactory manner.

As stated in previous Annual Reports, the old-fashioned method of chlorinating the water of the open-air swimming baths is unsatisfactory. There is only one way of ensuring a satisfactorily chlorinated water at all times, and that is by continuous filtration with continuous sterilisation and observing the proper turn-over period. The present method of chlorinating by hand results in the water being in excellent condition in the mornings, but polluted in the afternoons as enough surplus chlorine to destroy bacteria was not maintained.

In conclusion, I want to thank you for your help and encouragment during the year. My thanks are also due to Mr. Price for his valuable assistance and to other officials of the Council for their courtesy and co-operation.

I am, Mr. Mayor, Mr. Chairman, Ladies and Gentlemen,

Yours obediently,

G. M. DAVIDSON LOBBAN,
M.B., Ch.B., D.P.H., F.R.S.I., etc.
Medical Officer of Health.

SECTION I

STATISTICS OF THE LEWES AREA, 1955

Area (in acres)	1,981
Population (estimated)	13,240
Rateable Value (December, 1955)	£135,447
Sum represented by Penny Rate (March, 1955)	£536

EXTRACTS FROM VITAL STATISTICS

Live Births	*Male*	*Female*	*Total*	*Rate per 1,000 Population*
Legitimate	77	79	156	
Illegitimate	4	5	9	
			165	12.46
Deaths	64	85	149	11.25
				Rate per 1,000 Live and Still Births
Maternal Mortality	–	–	–	Nil
				Rate per 1,000 Live Births
Infantile Mortality (Deaths under 1 year of age)	2	1	3	18.18

POPULATION

The Registrar-General's estimated population for 1955 is 13,240. The population of Lewes for the last 26 years is as follows:—

Year	*Population*	*Vital Index*	*Year*	*Population*	*Vital Index*
1930	11,140	128.50	1943	11,990	108.52
1931	10,790	93.20	1944	11,750	127.21
1932	11,560	150.60	1945	11,530	124.51
1933	11,440	88.40	1946	12,250	137.86
1934	11,790	105.60	1947	12,550	150.57
1935	11,850	98.49	1948	12,950	182.83
1936	11,910	97.56	1949	12,950	120.78
1937	11,920	98.13	1950	12,700	97.14
1938	11,960	81.92	1951	12,940	114.28
1939	12,350	109.80	1952	13,030	114.74
1940	12,980	92.69	1953	13,120	129.66
1941	13,290	104.83	1954	13,180	141.04
1942	12,410	123.78	1955	13,240	110.74

The population figure has shown an increase of 60 over the figure of 13,180 for 1954. This corresponds with the increase of 60 which was recorded last year. As the number of live births was 16 more than the number of deaths of Lewes residents during the same period, the small but steady rate of increase indicates a healthy, but static, population, with little movement into, or away from, the town. This state of affairs is more advantageous to the town than a sudden increase of population would be, as any such large increase would tend to accentuate present housing difficulties.

The vital index shown in the table is arrived at by dividing the number of births during the year in the area under review by the number of deaths, and multiplying the result by a hundred. The figure thus obtained is a measure of the population's biological condition, and any such figure above a hundred shows that births in the area have more than compensated for the deaths which have taken place during the same period. Similarly, any figure below a hundred shows that the reverse is the case and the position of the population is not biologically sound. Naturally, other factors, such as immigration into, and emigration from, an area, have an effect on the state of population, but the birth and death rates constitute the main index of its biological condition.

The vital index for Lewes in respect of 1955 is well above the hundred mark for the fifth year in succession, although the index figure of 110.74 is not so high as the figure of 141.04 recorded last year. At the end of the last war the vital index rose, as is customary after a long war, and reached the extremely high level of 182.83 in 1948. From there it dropped to 97.14 in 1950 and then remained steady for two years at just above 114. For the next two years it rose to an ultimate level of 141.04 and has now fallen to 110.74. Consideration of the variations over the post-war period leads to the conclusion that a normal vital index figure for the town would be in the region of 110 to 115, which represents a satisfactory level.

Maternal Mortality

During 1955 no woman from the Borough of Lewes died in, or in consequence of, childbirth. Only one maternal death of a Lewes resident has occurred in the past eleven years, during which period 2,224 births took place. This gives a death rate for the eleven-year period of 0.45 per 1,000 births.

Infantile Mortality

During the year 1955 three infants under one year of age died in Lewes. This represented an infantile mortality rate of 18.18 per 1,000 live births. The rate for England and Wales for the same period was 24.9. Although the numbers of deaths of infants under one year old in each year are so small that one death more or less makes a large variation in the infantile mortality rate for the town, it is possible to note a very definite downward trend in the rate during the post-war years. While it is to be hoped that the reduction will be continued in the future, it must be appreciated that the possibility of further decreasing the rate is lessened as the rate diminishes, and the time is now rapidly approaching when the annual rate will represent a hard core of unavoidable infant deaths. That is, it will reach an irreducable minimum.

BIRTH RATE

The crude birth rate for the year under review was 12.46 per 1,000 population. This is the lowest birth rate recorded in Lewes in a post-war year, and is rather disappointing in view of the fact that since 1950, when the previous lowest figure was recorded, the rate had steadily, if slowly, increased. It may prove, however, that the set-back is only temporary, and a higher rate will again be recorded in future years.

An area comparability factor of 1.10 is applicable to the Birth Rate in the Borough. This factor is supplied by the Registrar-General in order that a fair comparison may be made between the local birth rates of different districts. In this case its application gives an adjusted birth rate of 13.71 which is lower than the rate of 15.0 recorded in respect of England and Wales for 1955.

DEATH RATE

The crude death rate for Lewes for the year 1955 was 11.25 per 1,000 population. Although higher than last year's figure of 10.17 for Lewes, it is nearer to the Lewes figures of 11.97 and 11.05 in respect of 1952 and 1953 respectively.

An area comparability factor of 0.85 is applicable to the death rate of 11.25 per 1,000 population, and this gives an adjusted figure of 9.56 per 1,000. This compares very favourably with the death rate for England and Wales for 1955, which was 11.7 per 1,000 population.

The average age at death was 70.72 years, which compares favourably with the expectation of life from birth throughout England and Wales.

The highest age at death was	97 years
The lowest age at death was	15 minutes
The average age at death was	70.72 years

CAUSES OF DEATH

	Male	*Female*	*Total*
Heart Disease	25	27	52
Vascular Lesions of Nervous System	10	16	26
Cancer	6	11	17
Circulatory Disease other than mentioned elsewhere ..	2	9	11
Pneumonia	3	2	5
Bronchitis	–	2	2
Ulcer of Stomach and Duodenum	1	1	2
Gastritis, Enteritis and Diarrhoea	1	1	2
Tuberculosis, Respiratory	1	–	1
Other Infective and Parasitic Diseases	1	–	1
Diabetes	–	1	1
Influenza	1	–	1
Diseases of Respiratory System other than mentioned elsewhere	1	–	1
Nephritis and nephrosis	–	1	1
Hyperplasia of Prostate	1	–	1
Motor Vehicle Accidents	1	–	1
All other Accidents	1	–	1
Suicide	1	2	3
Other Defined and Ill-Defined Diseases	8	12	20
	64	85	149

SPECIFIC CAUSES OF DEATH

Heart Disease and Diseases of the Circulatory System

Just over one-third of the total number of deaths in the area during 1955 were due to heart disease, most of the deaths occurring amongst elderly people. As has been mentioned in previous reports, the greater number of these deaths were due to the heart wearing out after giving between seventy and eighty, or even more, years of service.

A further eleven deaths were due to diseases of the circulatory system not included in the general term " heart disease." Two of these deaths were of males and nine of females.

Vascular Lesions of the Nervous System

Vascular lesions of the nervous system include cerebral haemorrhage, cerebral embolism and thrombosis, and other lesions. A total of twenty-six deaths in Lewes were classified under this heading in 1955, ten of which were males and sixteen females. Most of these deaths occur amongst elderly persons.

Cancer

Seventeen deaths due to cancer took place amongst Lewes residents during 1955, being six less than the total of twenty-three recorded in 1954. The total of seventeen gives a death rate of 1.28 per 1,000 population. This compares favourably with the rate for England and Wales for 1955, which was very slightly above 2 per 1,000.

SECTION II

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

1. Public Health Facilities of the Local Authority

During the period under review the Medical Officer of Health for the Borough of Lewes also acted as Medical Officer of Health for the Urban Districts of Newhaven and Seaford and the Rural District of Chailey. The East Sussex United Districts (Medical Officer of Health) Joint Committee, by which the Medical Officer of Health for the four districts is appointed, provides an efficient means of administering the Joint Appointment.

Two Sanitary Inspectors carry out duties in the Borough.

2. Laboratory Facilities

The Public Health Laboratory, established at the Royal Sussex County Hospital, Brighton, has proved of great assistance during the year.

The Laboratory has carried out for the Borough, free of charge, the examination of sputum, laryngeal, nose, throat and rectal swabs, faeces and urine and has also examined water, milk and ice cream samples. Altogether the Laboratory carried out 133 different examinations for the Borough during the year under review. This service is of great value, both to your Medical Officer of Health and to the medical practitioners in the area. It is particularly useful in providing a certain means of discovering whether or not a person has been invaded by the infective organism causing tuberculosis and is also of great use in detecting any impurities or infective organisms in water, milk, ice-cream or foodstuffs generally.

3. Ambulance Facilities

The provision of the ambulance service is the responsibility of the East Sussex County Council, which houses two ambulances and a sitting case car at the Market Tower Clinic in the town. During 1955 these vehicles were available for the conveyance of both infectious and non-infectious cases and arrangements are in being for the disinfection of ambulances, bedding, clothing, etc., after use for the transport of an infectious case. The vehicles are staffed by members of the St. John Ambulance Brigade and are serviced, as necessary, by the drivers or by a commercial garage. If a further call is received while both the ambulances are out on duty, arrangements are in being for the call to be dealt with by other depots in the area.

4. Nursing in the Home

As in previous years, the East Sussex County Council as empowered by Section 25 of the National Health Service Act, 1946, has arranged for this service to be provided by the East Sussex County Nursing Association through the Lewes and District Nursing Association.

5. Clinics and Treatment Centres

The following is a list of Clinics and Treatment Centres available in Lewes during 1955:—

Description and Situation	*Day and Time of Attendance*	*By Whom Provided*
Infant Welfare Centre, Castlegate House, Lewes	Tuesday afternoon, 2.15-4 p.m. (Where a fifth Tuesday in month—no clinic)	E.S.C.C.
Chest Clinic, Victoria Hospital, Lewes	Monday and Friday, 2 p.m., by appointment	Regional Hospital Board
Orthopaedic Clinic, Y.M.C.A., Lewes	Monday and Wednesday morning and Friday afternoons by appointment	Mid-Sussex Hospital Board
Artificial Pneumothorax, Victoria Hospital, Lewes	Wednesday Women 2.15 p.m. Men 3.30 p.m.	Regional Hospital Board
Minor Ailment Clinic, Castlegate House, Lewes	Monday to Friday, 9 a.m. to 10 a.m.	County Education Committee
Dental Clinic, Castlegate House, Lewes	Every day by appointment	County Education Committee
Nervous Disorders Clinic, Victoria Hospital, Lewes	Every Tuesday from 2 p.m. onwards	Regional Hospital Board

In addition to the above, patients from Lewes were treated at the Brighton Sanatorium, the Royal Sussex County Hospital and the Children's Hospital, Brighton.

6. Hospitals

Under the provisions of the National Health Service Act, 1946, the Ministry of Health is responsible for the provision of hospital accommodation which, in this area, was materially the same as in previous years.

7. Provision for the Care of Mental Defectives

The East Sussex County Council deals with the Lunacy and Mental Deficiency services in respect of patients outside institutions. All institutional care is the responsibility of the Regional Hospital Board.

SECTION III

SANITARY CIRCUMSTANCES AND SANITARY INSPECTION OF THE AREA

WATER SUPPLY

With the exception of a few private wells which are still being used, the water supply is derived almost entirely from the Lewes Corporation Waterworks, which are situated at the south-west end of the town.

The water is pumped from the well into four covered distributing reservoirs, namely Jubilee Park, Race Hill (2) and Western Road.

The supply is constant, of good quality, and is sufficient for the needs of the community.

During the year, samples of water were taken from the Lewes Well by the Public Analyst—quarterly for chemical and bacteriological examination, and monthly for examination for organisms of the Coli group.

The following is a copy of one of his reports:—

REPORT upon a sample of water taken by Mr. J. Redman for The Lewes Water Co. on the 5th August, 1955.

Sample labelled: " Lewes Well."

The water on arrival had the following characteristics:

Colour ..	None
Smell ..	None
Sediment ..	None

Chemical Analysis afforded the following:—

	Grains per Gallon	*Parts per Million*
Total solids (dried at 100°C.)	—	340
Solids (after ignition)	—	290
Chlorine	—	24
Ammonia (free)	—	0.01
Ammonia (albuminoid)	—	0.03
Oxygen taken from permanganate in ¼ hour ..	—	Nil
Oxygen taken from permanganate in 4 hours ..	—	Nil
Nitrogen as Nitrates and Nitrites	—	3.00
Nitrites	—	Nil
Hardness (total)	—	260
Hardness (after boiling)	—	75
Phosphates	—	Nil
Metallic Impurity (Iron)	—	0.01
PH 7.4		

Bacteriological Examination

The organisms per ml. which grew on Nutrient Agar in three days at 22° C. under aerobic conditions and were then visible to the naked eye as colonies were	0
On Agar at blood temperature and under aerobic conditions colonies were noticed after two days' incubation	0
Probable number of Coli-Aerogenes organisms in 100 ml. of the original water	0

Report

Both chemically and bacteriologically this water is satisfactory. I am of opinion that it is perfectly safe for drinking purposes, and suitable for a Public Supply.

No form of contamination of the supply has occurred during the year, and as the water is not liable to have plumbo-solvent action, it has not been necessary to take any precautions against this.

All dwelling houses in the Borough have a direct piped supply from the public water main, with the exception of fifteen houses which receive their supply from private wells, this also is piped direct to these houses.

A series of samples taken from the private supply to the houses on the Cuilfail Estate showed evidence of contamination at the well, and although certain works were carried out, the supply could not be regarded as satisfactory. Consequently the Cuilfail Estate Company were requested to take the necessary steps to ensure a satisfactory supply.

DRAINAGE AND SEWERAGE

Water carriage system; fifty-four houses only being connected to cesspools or septic tank systems.

The sewerage system provides for the converging of all sewers into the Sewage Disposal Works at Southeram, where the effluent, after the passing of the sewage through a detritus chamber, screens, and sedimentation tanks, is stored in reservoirs until it is discharged into the River Ouse at suitable states of the tide.

CLOSET ACCOMMODATION

Water closet: part hand-flushed, but chiefly by flushing cistern.

SCAVENGING

The collection of house refuse is carried out once weekly over the whole district, and disposal was effected by controlled tipping on low-lying ground.

Salvage collected during the year amounted to:—

Metals: 20 tons 7cwts. 2qrs. 24lb.	Value	£477	15	5
Textiles: 18 tons 12cwts. 1qr. 12lb.	,,	£473	1	4
Paper: 136 tons 1qr. 14lb.	,,	£1,015	16	5

SANITARY INSPECTION

(*a*) Visits and Inspections

Houses and Premises inspected	290
Complaints attended to	63
Visits to Milk Shops and Dairies	37
Visits to Ice-cream Premises	18
Visits to Bakehouses	8
Visits to Fried Fish and other Food Shops	68
Visits to Cafes and Restaurants	23
Visits to Knacker's Yard	5
Visits made regarding Drainage	153
Visits under the Factories Act	100
Visits regarding Sickness	70
Rooms disinfected	3
Inspections of Verminous Houses	5
Houses disinfested	14
Visits for Rodent Control	1,199
Inspections under the Petroleum Act	21
Visits made under the Shops Act	18
Visits to Pet Shops	6
Visits under the Heating Appliances (Fireguards) Act	8
Visits to Cinemas	4
Visits to Swimming Baths	8
Drains tested	46
Smoke Observations	3
Samples of Ice-cream taken	12
Samples of Milk taken	28
Samples of Water taken	15
Visits made for Sundry Purposes	393
Visits made for Re-inspections	150

(*b*) Nuisances abated and Repair Work carried out

Dampness remedied	20
Choked Drains cleared	32
Drains Relaid or Repaired	13
W.C.s Repaired or Reconstructed	4
Eaves Gutters	2
Chimney Stacks	2
Window Frames	1
Dustbins provided	3
Fireplaces and Ranges	1
Floors	5
Plasterwork of Walls and Ceilings	5
Roofs	13
External Walls	3
Verminous Premises cleared	10
Wasp, Ant and Fly Infestations cleared	15

INSPECTION AND SUPERVISION OF FOOD

(*a*) Milk Supply

The greater part of the milk supply is drawn from outside the Borough, there being only one cowkeeper registered within the district who is licensed as a Producer-Retailer of "Tuberculin Tested" milk.

There are nine other retailers registered, each of whom holds licences for the sale of "Tuberculin Tested" and "Pasteurised" milk, and four also hold licences for the sale of "Sterilised" milk.

The whole of the milk retailed within the Borough is of a "designated" supply, being either "Tuberculin Tested," "Pasteurised" or "Sterilised."

Inspections of dealers' premises showed that these were kept in a clean and satisfactory condition.

Samples of milk submitted to the Public Health Laboratory Service, Brighton, for examination, were as follows:—

Bacteriological Examination

Twenty samples submitted, all of which were found to be satisfactory.

Biological Examination

Eight samples submitted, all of which proved to be satisfactory.

(*b*) Ice-cream

There are forty-six premises registered for the sale of ice-cream, and none for manufacture. The greater part of the ice-cream sold is pre-packed, and all retailers have co-operated in maintaining a good standard of cleanliness in respect of their premises and equipment.

Twelve samples of ice-cream were submitted to the Public Health Laboratory Service for bacteriological examination, all of which were found to be satisfactory.

(*c*) Meat

No slaughtering of animals for human consumption was carried out in the Borough during the year.

(*d*) Food Premises

Inspections of food premises were made regularly throughout the year, and satisfactory conditions were maintained. The number of such premises classified according to trade are:—

Grocers	42	Butchers	13
Restaurants and Cafes	21	Greengrocers	23
Bakeries	4	Bakers' Shops	4
Fishmongers	5	Fried Fish Shops	5
Dairies	10	Confectioners	25
Cooked Meat Shops	1	Canteens	8
Public Houses	31	Hotels	3

Certain of these premises are required to be registered under Section 14 of the Food and Drugs Act, 1938, and these are:—

Sale of Ice-cream	46
Manufacture of Sausages	14
Fish Frying	5

(*e*) **Unsound Food**

The following summary shows food which was found on examination to be unfit for human consumption, and which was voluntarily surrendered by the owners for destruction:—

Fish	92 lb.
Fish Cakes	192
Escallops	48
Beef	50 lb.
Bacon	24 lb.
Sausages	9 lb.
Sultanas	60 lb.
Cake	8 lb.
Cheese	2 lb.
Canned Cooked Ham	30 lb.
,, Corned Beef	86 lb.
,, Luncheon Meat	25 lb.
,, Chicken	4 lb.
,, Jellied Veal	3 lb.
,, Fruit	139 tins
,, Vegetables	36 tins
,, Milk	30 tins
,, Meat	22 tins
,, Fish	11 tins
,, Soup	11 tins
Jam	11 tins or jars
Cheese Spread	38 pkts.
Sandwich Spread	1 jar
Coffee Spread	9 pkts.
Cereals	18 pkts.
Coffee	86 botts.
Sauces and Pickles	31 jars
Salad Cream	17 jars

Disposal of unsound food was as follows:—

Meat	to Fat and Bone Merchants
Fish	to Pig Keepers for swill
Canned goods, etc.	burying at the controlled tip

RODENT CONTROL

In addition to dealing with individual complaints of rat or mice infested premises, regular surveys have been made of likely infested premises and land, and where infestations have been found these have been treated.

Regular supervision and treatments of the Council's refuse tip has resulted in no infestation getting beyond the minor stage.

Treatment of the sewer system was not found necessary during the year.

Details of rat and mice infestations during the year are:—

Visits made to premises	1,199
Number of infestations found and cleared	79

SWIMMING BATHS

The open-air bath at the Pells is owned by the Council. The bath capacity is 225,500 gallons, and this is completely emptied, cleansed, and re-filled at frequent intervals, also one-eighth of the volume of the water is changed daily by pumping.

Chlorination of the water is done by hand at the end of each day's bathing. Results of samples showed that although the water was in excellent condition each morning, it was not possible to maintain the necessary surplus chlorine to destroy any bacteria which may be introduced by bathers, or contamination from other sources, owing to the discomfort which is caused to bathers.

PETROLEUM ACT

Forty licences were issued for the storage of Petroleum Spirit. The total quantity that might be kept under licence was 42,730 gallons.

Fees amounting to £26 15s. were received in respect of these licences.

FACTORIES ACTS, 1937 and 1948

There are sixty-eight factories in the Borough in which Sections 1, 2, 3, 4 and 6 of the Act are to be enforced by Local Authorities; that is factories in which no mechanical power is used. During the year fifty-one inspections were carried out in this class of factory; in no case were defects found.

Under Section 7 of the Act, there are eighty-one factories on the register. Thirty-nine inspections were carried out at these premises, and defects found in two cases were remedied.

There are also twelve other premises to which the Act applies, ten visits were made and defects in two instances were remedied.

Three persons are employed as outworkers, making or repairing wearing apparel: no instances of work in unwholesome premises were found.

PET ANIMALS ACT

Three premises in the Borough are licensed as Pet Shops; in each case the sale of pets is ancillary to the main business of seed merchants, and is confined to the sale of birds and fish.

SECTION IV

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

Infectious Diseases

Two hundred and seventeen cases of infectious disease were notified in Lewes in 1955. The details are as follows:—

Disease	*Total No. of Cases Notified*	*Cases admitted to Hospital*	*Total No. of Deaths*
Measles..	175	2	–
Whooping Cough	20	–	–
Pneumonia	6	3	1
Poliomyelitis (Paralytic) ..	5	5	–
(Non - Paralytic)	1	1	–
Puerperal Pyrexia	2	–	–
Food Poisoning	2	1	–
Para-Typhoid	2	2	–
Ophthalmia Neonatorum ..	1	–	–
Sonné Dysentery	1	–	–
Scarlet Fever	1	–	–
Erysipelas	1	–	–
Totals	217	14	1

Measles

One hundred and seventy-five cases of measles were notified in Lewes during 1955, two of which cases were admitted to hospital. All of the cases made satisfactory recoveries. The number notified during 1955 was in keeping with the general pattern of measles infection in any area, which is, broadly speaking, alternate years of high and low incidence. In Lewes 189 cases were notified during 1953, 5 cases in 1954, and, as mentioned above, 175 cases during the year under review.

Whooping Cough

Twenty cases of whooping cough were notified in the area during 1955. None of the cases were sufficiently severe to warrant admission to hospital.

Early in 1954 a combined vaccine which offers protection against both diphtheria and whooping cough was made available in the Borough. Although the number of cases of whooping cough notified during 1955 was less than the totals of 36 and 149 notified in 1954 and 1953 respectively, it is too early yet to decide whether or not this is due to the introduction of vaccination against whooping cough. Should a comparatively small number of cases of whooping cough occur in the town during each of the next few years, then it will be reasonable to assume that vaccination against the disease is producing results. The occasional year of light incidence is, however, no new phenomenon, and a number of such years in succession must occur before a permanent alteration in incidence can be assumed.

Pneumonia

Of the six cases of pneumonia notified during 1955, three were admitted to hospital and one, a 74-year-old man, died the day after admission. He suffered from the disease in its acute influenzal form.

Poliomyelitis

There were six cases of poliomyelitis notified in Lewes during the year. The following table gives particulars of the six cases:—

Case No.	Date Notified	Sex	Age	Paralytic or Non-paralytic	Area affected	Period in Isolation Hospital	Remarks
1	11.10.55	M	2 years	P	left hip, right leg	10.10.55-16.12.55	Transferred to Queen Mary's Hospital, Carshalton
2	12.10.55	M	1 11/12 yrs.	P	both legs	11.10.55-16.12.55	..
3	18.10.55	M	6 yrs.	P	right leg	16.10.55-19.12.55	..
4	20.10.55	F	9 years	NP	—	19.10.55-23.11.55	Discharged home. Well
5	22.10.55	F	10 years	P	left leg	21.10.55-16.12.55	..
6	14.11.55	M	4 years	P	right leg	11.11.55-25.2.56	Discharged home. Physiotherapy at Victoria Hospital

Although our knowledge of the causative factors of this disease is still small, it is showing a steady and encouraging increase. In recent years its distribution has been very general among the different age groups and it has become obvious that the early, popular name of infantile paralysis is a misnomer, as the illness is not confined to the younger age groups and is by no means always accompanied by paralysis. Probably the most useful single item of knowledge that we have acquired regarding the treatment of the disease is that cases are nearly always more severe if fairly heavy exertion has taken place shortly before the illness began to make its presence felt, and immediate cessation of all forms of exertion directly poliomyelitis is a possibility may lead to the avoidance of the more severe forms of the disease. As the throat is one of the means of entry of the infection, the removal of tonsils should be postponed wherever possible during periods when the disease is prevalent, as the making of a raw surface in the throat might make it easier for the virus to invade the system. During periods of prevalence, even greater attention than usual should be paid to personal hygiene. The disease is spread by the faecal excretions and may be spread by contact or contamination. Hands must always be washed most carefully after the toilet has been used in order that there may be no possible contamination of fingers with infected faecal matter.

Investigations into the possibility of developing a safe vaccine against poliomyelitis have shown encouraging progress, and it is to be hoped that in the near future it will be possible to exercise some measure of control over this serious form of infectious disease.

Puerperal Pyrexia

Two cases of puerperal pyrexia were notified in Lewes during 1955. This represents a low rate of incidence, and it is to be hoped that the efforts which have been made to lessen the incidence of this feverish condition amongst women after childbirth are now bearing fruit.

Food Poisoning

Two unrelated cases of food poisoning were recorded in the Borough during 1955. One of these cases was admitted to hospital. In neither case was it possible to trace the cause of the infection. It cannot be too greatly emphasised that a very large proportion of all cases of food poisoning are caused by the careless, unhygienic habits of a food handler. The greatest of care should be taken by all who handle food, either in the home, canteen, restaurant, shop or factory, to ensure that their hands and clothes are clean and uncontaminated, and that the food handled is kept absolutely free from outside contamination and, in the home, canteen and restaurant, is eaten as soon as possible after preparation.

Paratyphoid

Two cases of paratyphoid were notified in Lewes during 1955. Both cases were admitted to hospital and extensive investigations were carried out to trace carriers of the infective organisms. When carriers were traced they were advised as to the precautions they should take to avoid infecting others, and were kept under observation until laboratory tests showed them to be free from the infection. Both cases made satisfactory recoveries.

Ophthalmia Neonatorum

One case of ophthalmia neonatorum was notified in Lewes during 1955. This is a form of eye infection in the newborn, and present-day midwifery methods, combined with the use, where necessary, of modern drugs, has reduced both the severity and frequency of the disease to a very low level.

Sonné Dysentery

One case of Sonné dysentery was notified in the Borough during 1955. The case was of an eighteen-year-old girl who made a satisfactory recovery. Sonné dysentery is an intestinal infection with an acute onset with diarrhoea. Severe cases suffer from fever with frequent defaecation, often with blood and mucus. The sources of infection are the faeces of infected patients and carriers and the modes of transmission are by eating contaminated food, drinking contaminated liquids, by hand to mouth transfer of contaminated materials and from objects soiled with faeces of a patient or carrier.

The disease is more severe in children than in adults and is particularly dangerous in infants.

With the continued increase in various forms of community catering such as works canteens, school dinners and restaurant and hotel meals, forms of illness such as food poisoning and dysentery are becoming more prevalent. The surest way to avoid such diseases is to be scrupulous in attention to personal hygiene and to ensure that no food is touched by hand more than is absolutely necessary, the hands and nails of food handlers being frequently washed and scrubbed.

Scarlet Fever

Only one case of scarlet fever was notified in Lewes during 1955. This case was of an eighteen-year-old girl who made an uneventful recovery at home.

Erysipelas

The one case notified in the Borough during 1955 was of a woman aged 59 years who was not sufficiently ill to be removed to hospital and who made an uneventful recovery.

General

About 90 per cent., or 195, of the total number of cases, 217, of infectious disease notified in the Lewes Borough during 1955 were of measles or whooping cough, over three-quarters, 175, of the total number being of measles. Of the 22 remaining cases, the six cases of poliomyelitis, five of which were of the paralytic type, constituted the largest number of poliomyelitis cases since the outbreak in 1947. Fortunately, no deaths occurred from the disease.

SECTION V

TUBERCULOSIS

In 1955 nine cases of pulmonary tuberculosis and three cases of non-pulmonary tuberculosis were notified. One death occurred due to pulmonary tuberculosis and no death from non-pulmonary tuberculosis. Two of the cases of pulmonary tuberculosis were of persons who had previously been removed from the register on leaving the district and were re-entered on return to Lewes.

One case of pulmonary and one of non-pulmonary tuberculosis were inward transfers from other districts. Details are given in the accompanying table:—

1955—NEW CASES AND MORTALITY

	New Cases				Deaths			
Age Periods	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0	–	–	–	–	–	–	–	–
5	–	1	–	–	–	–	–	–
10	–	–	–	–	–	–	–	–
15	–	1	–	–	–	–	–	–
20	1 (r.t.d.)	1 (r.t.d.)	2 (1 i.t.)	–	–	–	–	–
25	–	–	–	–	–	–	–	–
30	–	1	–	–	–	–	–	–
35	–	–	1	–	–	–	–	–
40	–	–	–	–	–	–	–	–
45	–	–	–	–	–	–	–	–
50 and upwards	3	1 (i.t.)	–	–	1	–	–	–
Totals . .	4	5	3	–	1	–	–	–

i.t.—inward transfer r.t.d.—returned to district

The incidence of the 9 new cases of pulmonary tuberculosis notified in 1955 is 0.68 per 1,000 population.

The death due to pulmonary tuberculosis which occurred in the Borough during 1955 shows a rate of 0.075 per 1,000 population, as compared with a death rate due to respiratory tuberculosis of 0.13 per 1,000 for the population of England and Wales.

It would appear that the vastly improved methods of prevention, detection and treatment of this disease are having a considerable effect and are rapidly reducing both the incidence and the mortality rates of pulmonary and non-pulmonary tuberculosis.

The Mass Miniature Radiography Units which have been established throughout the country have done excellent work in detecting cases of tuberculosis which might otherwise have gone undiscovered for many months, during which time the persons concerned might have spread the disease amongst others in their homes, offices or workshops. The Directors of these units are now focussing their energies towards finding those sections of the population in which the largest numbers of cases of tuberculosis may be found.